

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Plans

**Memorandum No.:** 04-04 MAA  
**Issued:** January 14, 2004

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For further information, go to:**  
<http://maa.dshs.wa.gov/pharmacy/>

**Subject:** Maximum Allowable Cost List Update

**Effective for dates of service on and after February 1, 2004,** the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Deletions from the MAC list; and
3. Adjustments to existing MACs.

**1. MAC Additions:**

Generic Name	Strength	Form	MAC Effective 02/01/04
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 00944-2940-04 ONLY)	1500(+/-)U	KIT	\$1.10000
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0011-01 ONLY)	2000(+/-)U	VIAL	\$0.86007
LOVASTATIN	10MG	TABLET	\$0.37550

**2. MAC Deletions:**

Generic Name	Strength	Form	MAC Effective 02/01/04
ERGOLOID MESYLATES	1MG	TAB SUBL	\$0.00000

## 3. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 02/01/04
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 00944-2940-01 ONLY)	250(+/-)U	KIT	\$1.10000
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 00944-2940-02 ONLY)	500(+/-)U	KIT	\$1.10000
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 00944-2940-03 ONLY)	1000(+/-)U	KIT	\$1.10000
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0007-01 ONLY)	250(+/-)U	VIAL	\$0.86007
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0006-01 ONLY)	500(+/-)U	VIAL	\$0.86007
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0005-01 ONLY)	1000(+/-)U	VIAL	\$0.86007
LOVASTATIN	20MG	TABLET	\$0.55370
LOVASTATIN	40MG	TABLET	\$0.98160
LOXAPINE SUCCINATE	5MG	CAPSULE	\$0.56130
LOXAPINE SUCCINATE	10MG	CAPSULE	\$0.74040
LOXAPINE SUCCINATE	25MG	CAPSULE	\$1.12650
LOXAPINE SUCCINATE	50MG	CAPSULE	\$1.50000
POTASSIUM CHLORIDE	10%	LIQUID	\$0.00396